

## **Commonwealth of Massachusetts**

One-Day Marriage Designation Instructions

The following instructions should help you complete the application for your one day marriage designation.

1. **Reason for Designation**: A personal explanation for why you have been selected to solemnize the wedding ceremony of Party A and Party B.

Example: "Party A is my former roommate, I recognize their relationship with Party B and I am honored to take part in their wedding ceremony."

- 2. **Applicant Information**: Full name, direct email, street address and telephone number of applicant who wishes to officiate the marriage.
- 3. **Party A and Party B**: Full legal names before wedding ceremony occurs. Full contact information. Names will appear on the certificate as written here.
- 4. **City/Town of Wedding**: Please state which of the 351 Cities or Towns in Massachusetts the wedding will take place.
- 5. **Date of Proposed Marriage**: Please state the exact calendar date the wedding ceremony is set to take place in said City or Town within the borders of the Commonwealth of Massachusetts.

Note: We cannot accept applications submitted more than 3 months in advance of the ceremony.

A complete application will have the following materials submitted to the Governor's Office:

- Application Form
- **Letter of Reference**. The letter must be written on behalf of the individual applying to officiate the wedding attesting to the applicant's high standard of character. Cannot be written or signed by the applicant, Party A or Party B. The letter must be signed by its author. *Note*: judges, appointed and elected officials do not require letters of recommendation.
- **\$25 Processing Fee**. The fee must be in the form of check or money order only made out to 'The Commonwealth of Massachusetts'. The Governor's Office will not accept cash, debit or credit cards.

Please mail all completed application materials to:
Office of Governor Charlie Baker
Attn: One-Day Marriage Designation
State House,
Rm 271M
Boston, MA 02133

Feel free to call us directly at (617) 725-4055 if we can assist you in any way.

*Note:* Applicant will receive an email from the Governor's Office notifying them of their acceptance. Applicant will also receive a hard-copy of the certificate of solemnization to perform the wedding ceremony approximately four weeks prior to the wedding date. Once the applicant receives the email from our office they can solemnize the ceremony. It is not necessary to have the certificate on hand.

## **Commonwealth of Massachusetts**

One-Day Marriage Designation Application

**Note:** This application is valid only for marriages to be solemnized within the Commonwealth of Massachusetts by individuals who are not otherwise authorized to do so. Clergy and other individuals whose offices authorize them to solemnize marriages in other states should instead obtain the *Non-Resident Clergy Petition to Solemnize Marriage* from the Secretary of the Commonwealth.

I hereby request that Governor Baker designate me to solemnize a particular

Applicant Inforn						
Name:						
Street:						
City/State/Zip:						
Email Address:						
Phone: (_	_	_)		_		
Date of Birth:				_		
Check here if you ar	e a judge o	or elected offic	eial:			
Party A Information			Party B In	Party B Information		
Name:			Na	ıme:		
			St	reet:		
Street: City/State/Zip:			City/State,	/Zip:		
Street: City/State/Zip:			City/State,			
Street: City/State/Zip: Phone: (_	)		City/State,	/Zip: one: (	)	
Street: City/State/Zip: _ Phone: (_ Date of Birth:	)		City/State, Ph Date of Bi	/Zip: one: ( rth:	)	
Street: City/State/Zip: _ Phone: (_ Date of Birth: City/Town of W	edding Lo	ocation:	City/State, Ph Date of Bi	/Zip: one: ( orth:	)	
Street: City/State/Zip: _ Phone: (_ Date of Birth: City/Town of W	edding Lo	ocation:	City/State, Ph Date of Bi	/Zip: one: ( orth:	)	
Street: City/State/Zip: _ Phone: (_ Date of Birth: City/Town of W Date of Pro	edding Lo	ocation: arriage:	City/State, Ph Date of Bi	/Zip: one: ( rth:	)	

Return this application, along with the letter of recommendation and \$25 processing fee in the form of a check made out to *The Commonwealth of Massachusetts*, to:

Office of the Governor · State House, Room 271M · Boston, MA 02133 · Attn: One-Day Marriage Designation

Should you have any questions while completing this form, please contact a member of the Governor's Office at (617) 725-4055.